



Red Shield Insurance Company®

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**BUILDERS' RISK
FLOATING PROPERTY
SUPPLEMENTAL QUESTIONNAIRE**

REQUIRED IN ADDITION TO BUILDERS' RISK APPLICATION

1. Applicant Name:		Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Builder	
2. Contractor's Name and Address:			
3. Contractor Experience with Floating Structures:			
a. Years experience building floating structures?			
b. Number of floating structure built?		Number built annually?	
c. Average value of floating structures built?		Maximum value? \$	
4. Does project require a building permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, submitted and approved?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, by whom?</i>			
5. Architect Name:			
a. Architect's experience designing floating structures?			
b. Number of floating structures designed?			
c. Largest structure (area and/or value)?			
6. Type of Flotation: <input type="checkbox"/> Log <input type="checkbox"/> Log and Foam <input type="checkbox"/> pontoons <input type="checkbox"/> Barge Hull			
a. <i>If pontoons,</i> How many?			
b. <i>If pontoons,</i> What material? <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Plastic Tubs/Totes <input type="checkbox"/> Other			
c. <i>If Barge Hull,</i> What material? <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass			
7. Is floating structure being built on land for placement upon flotation system after completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Where is construction to occur? (<u><i>We don't cover the moving or transportation of the floating structure. Generally, the tug operator is responsible for that exposure.</i></u>)			
9. Term:		Start date:	
		Completion date:	
10. How is home secured during construction?			
<input type="checkbox"/> Gate / locked entry <input type="checkbox"/> Flood Lights <input type="checkbox"/> Watchman <input type="checkbox"/> Perimeter fencing			
<input type="checkbox"/> Pilings <input type="checkbox"/> Anchors <input type="checkbox"/> Enclosed in separate structure			

Applicable in WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicable in OR: Any person who knowingly and with intent to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, and finances. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.

Completion of the application does not bind coverage. The Company's acceptance of the risk is required before coverage may be bound and a policy issued.

APPLICANT'S SIGNATURE _____

Date _____

Producer has reviewed this application fully with the applicant and, to the best of the producer's ability, is confident that all information given is truthful.

PRODUCER'S SIGNATURE _____

Date _____